

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **N00000000174**

1. Corporation Name
MARION ZOO SCHOOL INCORPORATED

FILED
 01 OCT 22 PM 2:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

12888 HWY. 441 P.O. BOX 2319
 BELLEVIEW FL 34421 BELLEVIEW FL 34421



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **01/03/2000**

5. FEI Number **52-275126** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WILSON, MARK D	12888 HWY. 441	BELLEVIEW FL 34421
V	JENKINS, CHARLES	1909 COCO MEADOW CIRCLE, APT. 20	BRANDON FL 33511
ST	WYMAN, BETTY ANN	P.O. BOX 602	FAIRFIELD FL 32634
D	RILEY, DARREL	2121 S.W. 19TH AVE. ROAD	OCALA FL 34474
D	LIEBERT, INEZ	P.O. BOX 2319	BELLEVIEW FL 34421
D	LAUFF, SAM	1014 S.W. 7TH ROAD	OCALA FL 34474

8. Name and Address of Current Registered Agent

WILSON, MARK D
 12888 HWY. 441
 BELLEVIEW FL 34421

9. Name and Address of New Registered Agent

Name **REINSTATEMENT LTD**
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc. **000004672350--8**
 City *****236. FL** State **FL** Zip Code *****236.25**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Mark D Wilson* **SIGNATURE REQUIRED** Date **10/16/01**
 REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Mark D Wilson* **SIGNATURE REQUIRED** Date **10/16/01** Daytime Phone # **(888) 347-7800**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)